

FORM A

WELFARE DEPARTMENT

City of Berlin, N.H.

APPLICATION FOR ASSISTANCE

DATE OF APPLICATION _____ REFERRED BY _____

Name: _____ SS. # _____

Address: _____ Tel.# _____

Birth Place: _____ Birth Date: _____ Age: _____

Marital Status: Single — Married ___ Separated ___ Divorced ___ Widowed ___

If Married, When: Date _____ Place _____

If Divorced, When: Date _____

Place _____

Name of Spouse: _____ SS. # _____

Address: _____

Birth Place: _____ Birth Date: _____ Age: _____

MEMBERS OF HOUSEHOLD

Name	S.S. Number	D.O.B .	Age Relationship
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Present and Previous Address for the past 5 years:

Town or City	Street	From	To
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Parents

Father _____ Mother _____

Address _____ Address _____

Employment _____ Employment _____

Spouse's Parents:

Father _____ Mother _____

Address _____ Address _____
Employment _____ Employment _____

OTHER CHILDREN OUTSIDE OF HOUSEHOLD

APPLICANT'S

Name	Address	Age	Status	# of children	Employment
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SPOUSE'S

Name	Address	Age	Status	# of children	Employment
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SERVICE RECORD

Veteran _____ Branch Dates Served _____

Honorable Discharge _____ Types of Benefits _____ Claim # _____

EDUCATION

School	Address	Dates attended	Last Grade Completed
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_____	_____	_____	_____
_____	_____	_____	_____

Other schooling or job training: _____

WORK RECORD APPLICANT'S

Dates of Employment				Reason for	
Employer	From	To	Type of work	Termination	Earnings

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Amount of Last Wages: _____ Date Received _____

SPOUSE'S

Employer	From	To	Type of work	Termination	Earnings
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OTHER SOURCES OF INCOME

	Yes	No	Amount	Remark
TANF, APTD, OAA	_____	_____	_____	_____
SSI	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
Pension (Specify)	_____	_____	_____	_____
Workers Compensation	_____	_____	_____	_____
Annuity or Trust Fund	_____	_____	_____	_____
Income from Relatives				
or Boarders	_____	_____	_____	_____
Unemployment				
Compensation	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Food Stamps	_____	_____	_____	_____
Veterans Benefits	_____	_____	_____	_____
Income Tax Refund				
or Rebate	_____	_____	_____	_____
Other	_____	_____	_____	_____

Have you ever received any kind of public assistance?

Source _____

When _____

AVAILABLE ASSETS

Cash on Hand _____ (Amount) _____

Checking Account _____ (Bank) _____

Savings Account _____ (Bank) _____

CD or IRA Accounts _____ (Bank) _____

Motor Vehicles

Year _____ Make _____ (Amount of Payment) _____ Year _____
Make _____ (Amount of Payment) _____

Recreational Vehicles _____

Property Other than Dwelling _____

Other _____

Assistance Available: Food, Rent, Utilities, Personal Needs, Medical (if emergency)

Assistance

Requested: _____

Reason for Request: _____

Duration of Assistance: _____

APPLICANT'S HOUSEHOLD EXPENSES

Rent Mortgage Payment _____ (Bank) _____ Food Personal
Needs _____ Electricity _____

Fuel _____ Telephone _____ Board and Care _____ Other _____

Name of Landlord: _____

Address: _____

Date Rent Due: _____ Date Rent Last Paid: _____

Outstanding Bills: _____

I understand that I should repay the City of Berlin for any assistance am given when am able to. I hereby affirm that all the information stated herein is true to the best of my knowledge and belief, and that all information I have provided in response to questions asked by the Welfare Official is also true and complete to the best of my knowledge and belief. I understand that I may have to provide documents and/or other forms of verification to prove the information asked on this application. I understand that if I knowingly give false information or withhold information related to my receipt of assistance, now or in the future, I may be prosecuted for a criminal offense.

Date Applicant's signature

Date Spouse/ Co— Applicant's Signature

APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

I authorize and request any relative, physician, lawyer, banker, credit bureau, employer, insurance company, fraternal order, or any other person or organization having information concerning my eligibility for General Assistance to furnish such information to the Welfare Official. I hereby acknowledge the right of the City of Berlin to conduct an investigation in an effort to substantiate the facts surrounding my eligibility for welfare assistance. I understand and give consent to this investigation which may take place prior to, during, or subsequent to my receipt of welfare assistance. A photo-copy of this signed release may be used in place of an original.

_____	_____
Date	Applicant's signature

_____	_____
Date	Spouse/ Co— Applicant's Signature

--NOTICE- -

Any applicant or recipient, who is aggrieved by any decision relative to his/her claim for assistance, has the right to have their situation reviewed by the Fair Hearing Committee. You may do so at any time. Application Form will be provided upon request.